

**KING'S CHRISTIAN SCHOOL**  
**8951 SW 44 Street**  
**Miami, FL 33165**  
**305-221-2008**

**AUTOMATIC CREDIT CARD CHARGE AUTHORIZATION**

I hereby authorize King's Christian School to charge the monthly balance on my KCS account to the credit card indicated below.

I understand that payments will be for the school year of  
June 1, 2009 to May 31, 2010

I also understand that there will be no additional fee for tuition, lunch, or required fee payments, but a \$5.00 per transaction fee will be applied to charges like field trips, detentions, and miscellaneous purchases.

Please note: credit card expiration date must be current in order for transaction to be processed. This authorization may be cancelled at any time with a two-week notification in writing.

\_\_\_\_\_  
Signature of Card Holder

=====

Please check one:       Visa                       MasterCard                       AMEX

\_\_\_\_\_  
Credit Card Account Number

\_\_\_\_\_  
Card Expiration Date

\_\_\_\_\_  
Name of Card Holder (PLEASE PRINT)

\_\_\_\_\_  
Credit Card Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

Name(s) of Student(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Grade: \_\_\_\_\_

KCS Account #: \_\_\_\_\_